

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36746

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 1053	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1451 ROBBERTSON				d. STREET ADDRESS (If rural, give location) 1451 ROBBERTSON			
3. NAME OF DECEASED (Type or Print) a. (First) ADDIE		b. (Middle) LAVERTIE		c. (Last) SAYLOR		4. DATE OF DEATH (Month) (Day) (Year) NOV. 29 1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 5 JULY 1875	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY IN HOME		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME CHESTER KIRBY		13b. MOTHER'S MAIDEN NAME HARRIET CRAFT		14. NAME OF HUSBAND OR WIFE DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME MR. MARIE BEDELL		ADDRESS SPGFD.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 6, 1950, to 11-29, 1950, that I last saw the deceased alive on 11-6, 1950, and that death occurred at 9:15 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title): M.D.				23b. ADDRESS Springfield Mo.		23c. DATE SIGNED 11-29-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE DEC. 3, 1950		24c. NAME OF CEMETERY OR CREMATORY: PLEASANT RIDGE		24d. LOCATION (City, town, or county) (State) NEAR ALDRICH MO.	
DATE REC'D BY LOCAL REG. 12-1-50		REGISTRAR'S SIGNATURE W.E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE J.W. KLINGNER		ADDRESS E.O. SPGFD.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Signed.....
Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.